

**SOUTH CAROLINA DEPARTMENT OF LABOR,
LICENSING & REGULATION
POST OFFICE BOX 11329
COLUMBIA, SOUTH CAROLINA 29211-1329
PHONE: (803) 734-9711
FAX: (803) 737-9119**

_____ of _____

AMUSEMENT DEVICES LISTING

SHOW NAME: _____ DATE: _____

OWNER NAME: _____

LESSEE NAME: _____

NOTE: List all amusement devices you expect to operate within South Carolina this year. If more space is needed, use backside of another Amusement Device Listing form.

*Number each item consecutively. When continuing from another page, be sure not to skip or leave out a number.

<u>* ITEM #</u>	<u>STATE I.D.# (ASSIGNED BY STATE OF SC)</u>	<u>AMUSEMENT DEVICE NAME</u>	<u>SERIAL #</u>	<u>MODEL#</u>	<u>MANUFACTURER NAME</u>	<u>MANUFACTURER ADDRESS</u>
_____	_____	_____	_____	_____	_____	_____ _____
_____	_____	_____	_____	_____	_____	_____ _____ _____
_____	_____	_____	_____	_____	_____	_____ _____ _____

Signature of Owner or Lessee

Date

AMUSEMENT DEVICES LISTING (continued)

____ of ____

*Number each item consecutively. When continuing from another page, be sure not to skip or leave out a number.

<u>* ITEM #</u>	<u>STATE I.D.# (ASSIGNED BY STATE OF SC)</u>	<u>AMUSEMENT DEVICE NAME</u>	<u>SERIAL #</u>	<u>MODEL#</u>	<u>MANUFACTURER NAME</u>	<u>MANUFACTURER ADDRESS</u>
_____	_____	_____	_____	_____	_____	_____ _____
_____	_____	_____	_____	_____	_____	_____ _____
_____	_____	_____	_____	_____	_____	_____ _____
_____	_____	_____	_____	_____	_____	_____ _____
_____	_____	_____	_____	_____	_____	_____ _____
_____	_____	_____	_____	_____	_____	_____ _____
_____	_____	_____	_____	_____	_____	_____ _____
_____	_____	_____	_____	_____	_____	_____ _____
_____	_____	_____	_____	_____	_____	_____ _____
_____	_____	_____	_____	_____	_____	_____ _____